



DEMOAPP1

THE CITY OF WATERBURY
DEPARTMENT OF INSPECTIONS
235 Grand Street, Waterbury, CT 06702
(203) 574-6832

PERMIT No.**Application for Demolition Permit****PLEASE PRINT LEGIBLY** (Shaded areas are for Office use only!)

Date: _____

Applicant:

Company

Name: _____

Address: _____

City/State/Zip: _____

License No. _____

Phone No. _____

Location Owner:**Location of Work:**

Address: _____

Owner's Name: _____

Address: _____

City/State: _____

The undersigned hereby makes application for a permit to demolish a building according to the following detailed statement of the specifications and plans herewith submitted. All provisions of the State of Connecticut Demolition Code shall be complied with in the demolition of said building whether specified herein or not.

CONTRACTOR:

Print Name: _____ Signature: _____

OWNER:

Print Name: _____ Signature: _____

Size of Building: Front: _____ Rear: _____ Deep: _____ Stories: _____

Disposal Site: _____ Asbestos Disposal Site: _____

Purpose of Building Was: _____ How Many Families: _____

Has Health Department Been Notified? ☐ Yes ☐ NoHave Adjoining Property Owners Been Notified by Registered or Certified Mail? ☐ Yes ☐ NoDo You Have Written Evidence That All Public Utilities Have Been Severed? ☐ Yes ☐ NoWill Fence or Barricade be Erected? ☐ Yes ☐ NoWill Excavation be Filled to Grade? ☐ Yes ☐ NoCertificate of Insurance on File? ☐ Yes ☐ NoPermit Bond Required? ☐ Yes ☐ No**Est. Cost: \$** _____**Permit fee: \$** _____**Issued by:** _____**Title:** _____